



Incident Report

Print Date/Time: 11/01/2016 11:29

Login ID: ss0100

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00020874

Incident Date/Time: 10/20/2016 10:48:00 AM
Location: 4TH ST NE / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (253) 297-0198
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 4
Status: 3
Nature of Call:

Unit/Personnel

| Unit | Personnel |
|------|--------------|
| 19D3 | SS0138-Fiske |

Person(s)

| No. | Role | Name | Address | Phone | Race | Sex | DOB |
|-----|-----------------|----------------------|--------------------------------------|----------------|---------|--------|------------|
| 1 | Driver | FLASHMAN, ROBIN L | 25025 84TH ST SE MONROE WA 98272 | | Unknown | Female | 06/16/1955 |
| 1 | Passenger | JONES, TYLER ALLEN | 1202 10TH ST A SNOHOMISH WA 98290 | (425) 876-0558 | White | Male | 01/07/1997 |
| 2 | Driver | WHITE, DARYAN NICOLE | 1202 10TH ST A SNOHOMISH WA 98290 | (425) 512-7518 | White | Female | 05/03/1999 |
| 1 | Reporting Party | HOWARD, LYNN | | (253) 297-0198 | | | |

Vehicle(s)

| Role | Type | Year | Make | Model | Color | License | State |
|------------------|---------------|------|-----------|-----------|-------|---------|-------|
| Involved Vehicle | | | | | | 869YBL | |
| Involved Vehicle | | | | | | ACJ1692 | |
| Involved Vehicle | Passenger Car | 2007 | Chevrolet | SILVERADO | | C07978G | WA |
| Involved Vehicle | Passenger Car | 2004 | Honda | CRV | | 519ZBZ | WA |

Disposition(s)

| Disposition | Count |
|-------------|-------|
| M | 1 |

Property

| Date | Code | Type | Make | Model | Description | Tag No. | Item No. |
|------|------|------|------|-------|-------------|---------|----------|
|------|------|------|------|-------|-------------|---------|----------|

10/20/2016 : 10:50:11 SP0112 Narrative: PH COLLISION FROM 0735 AM

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E601162**CASE # **2016-00020874**LOCAL AGENCY
CODING **0311900**TOTAL # OF
UNITS **02** OBJECT
STRUCKTRIBAL
RESERVATIONDATE OF COLLISION **10** - **21** - **2016** TIME (2400) **0735** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
STATE ROUTE 9 NE BLOCK NO. ☒ **400**
MILE POSTDISTANCE **200** **00** MILES ☒ **N** ☒ **E** ☒ **S** ☒ **W** OF (REFERENCE OR CROSS STREET) **STATE ROUTE 204**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4252314377**LAST NAME **FLASHMAN** FIRST NAME **ROBIN** MIDDLE INITIAL **L**STREET NEW ADDRESS **25025 84TH ST SE**CITY **MONROE** ST **WA** ZIP **98272**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **FLASHRL458LW** STATE **WA** SEX **F** D.O.B. **06** - **16** - **1955**ON DUTY ☐ STATUS AIRBAG **9** RESTR. **9** EJECT **1** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIESLICENSE PLATE # **519ZBZ** STATE **WA** VIN# **JHLRD78864C026284**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2004** MAKE **HOND** MODEL **CRV** STYLE **SP** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **ROBIN FLASHMAN 25025 84TH ST SE MONROE WA 98272**LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # **HARFORD**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4255127518**LAST NAME **WHITE** FIRST NAME **DARYAN** MIDDLE INITIAL **N**STREET NEW ADDRESS **1202 10TH ST #A**CITY **SNOHOMISH** ST **WA** ZIP **98290**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **WHITEDN012KC** STATE **WA** SEX **F** D.O.B. **05** - **03** - **1999**ON DUTY ☐ STATUS AIRBAG **9** RESTR. **9** EJECT **1** HELMET USE **9** INJURY CLASS **7** NATURE OF INJURIES **SORENESS**LICENSE PLATE # **C07978G** STATE **WA** VIN# **2GCEC13V471161766**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2007** MAKE **CHEV** MODEL **SILVERA** STYLE **TR** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **TYLER JONES 1202 10TH ST #A SNOHOMISH WA 98290 D: 4258760588**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **PROGRESSIVE 75901968**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **B. FISKE #0138** BADGE OR ID # **0138** AGENCY **WA0311900**

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E601162**CASE # **2016-00020874**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|----------------------|--------------------------|--------|----------|-----------|----------|--------|----------|--------|----------|-------|----------|-----------------|---------------------------------|--------------|-----------|---------------------------------------|-------------|--|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | JONES TYLER A | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # 1202 10TH ST #A SNOHOMISH WA 98290 4258760588 | | | | | | | | | | | | | | SEX M | D.O.B. MMDDYYYY 01 | - | 07 | - | 1997 | |
| PASSENGER | <input checked="" type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | 2 | SEAT POS. | 3 | AIRBAG | 9 | RESTR. | 9 | EJECT | 1 | HELMET USE | 9 | INJURY CLASS | 7 | NATURE OF INJURIES SORENESS | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | | |

NARRATIVE

It should be noted this collision was not reported to the Lake Stevens Police Department until 1050 hours on 10/21/16. The collision was reported by the parties from V2 and the collision reportedly occurred at 0735 hours.

V1 was traveling northbound on State Route 9 NE in the 400 block. V1 struck V2 in the rear. Allegedly there was a third vehicle (V3) in front of V2 that that V2 struck after being rear ended by V1. Driver's of V1 and V2 exchanged information and left the scene. Driver of V1 provided a name for the driver of V2 which matched the registered owner of that vehicle.

No investigation was able to be completed at the collision scene due to the delay in reporting.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

B. FISKE #0138
10-27-16 08:01 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

10/27/2016 9:38:37 PM

| | | | | | | | |
|---------------|-------------|-------|------------------|------------------------|-----------------|---------------------|-----------------|
| BADGE OR ID # | 0138 | ORI # | WA0311900 | TIME POLICE DISPATCHED | 10:50 AM | TIME POLICE ARRIVED | 10:50 AM |
|---------------|-------------|-------|------------------|------------------------|-----------------|---------------------|-----------------|

REPORT NO. E601162

CASE # 2016-00020874

DATE AND TIME
OF COLLISION 10/21/16 07:35

